8/05/05 9:0i:29 EK 506 PG 491 DESOTO COUNTY, MS W.E. DAVIS, CH CLERK

PREPARED BY AND RETURN TO:

BRYAN E. DYE

WATKINS LUDLAM WINTER & STENNIS, P.A.

P. O. Box 1456

Olive Branch, MS 38654

(662) 895-2996

WARRANTY DEED

JANIE F. BERTHAY

GRANTOR

TO

JANIE F. BERTHAY and DEBORAH BARLOW

GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, JANIE F. BERTHAY, do hereby sell, convey and warrant unto JANIE F. BERTHAY and DEBORAH BARLOW, as joint tenants with rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 550, DeSoto Village Subdivision, Section B, situated in Section 33, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat recorded in Plat Book 8, Page 12, Chancery Clerk's Office, DeSoto County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi, as well as rights-of-way and easements for public roads and public utilities; together with any recorded Restrictive Covenants for said subdivision.

By way of explanation, Eugene Berthay departed this life intestate and a copy of his death certificate is attached hereto as Exhibit "A."

WITNESS MY SIGNATURE, this the _____ day of August, 2005.

JANIE F. BERTHAY

STATE OF MISSISSIPPI COUNTY OF DESOTO

MY COMMISSION EXPRES: _

This day personally appeared before me, the undersigned authority in and for said County and State, on this within a day of August, 2005, within my jurisdiction, the within named JANIE F. BERTHOO who acknowledged that she executed the above and foregoing instrument.

NOTARY PUBLIC

NOTARY PUBLIC day of August, 2005, within my jurisdiction, the within named

1-26-07

William William & Child 1742206.1/15117.22680

WWS

GRANTOR'S ADDRESS:

6345 Tulane Road

Horn Lake, MS 38637 Hm. Phone: 662-393-2751

Wk. Phone: NA

File No. 15117.22680

GRANTEE'S ADDRESS:

8696 Craft Road

Olive Branch, MS 38654

Hm. Phone: 662-895-0623 Wk. Phone: NA



MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



EASED	DATE JUL 2 9 1992 1. NAME First Middle.	Last	MISSISSIPPL 2: SEX	NUMBER	b: DATE OF DEATH (Month, Day, Y
	Eugene Berthay	Daniel or Butterfor	Male	11:45 a.m	June 17, 1992
	4 RACE (Specify White, Black Sa. AGE AT LAST ONLY IF American Indian, etc.) BIRTHDAY. En. MO	UNDER 1 YEAR ONL	Y IF UNDER 1 DAY 6	DATE OF BIRTH (Month, D.	By Yeary 7a. COUNTY OF DEATH
	White 62 Years	o DC DAYS SO	HOURS 56. MINS	July 22, 192	9 Desoto
th occurred in stitution, see JBOCK, regarding letion of	Horn Lake Residence	, route number or othe	ar iocation)	70, IF IN HOSP, OR I INPT, OUTPT., EM	NST SPECIFY B. STATE OF BIR ER. RMOR DOA MS
SIDENCE Items PESIDENCE Items, or secure location one rather than ing juddress	9: DECEDENT'S EDUCATION Elementing School College (Specify enty highest grade completed) (0-12) 1.2 (1.4. 5+)	WIDOWED (Specify)	DIVORSED MARRIED M. Married	SURVIVING SPOUSE IT WI maiden name) Janie Miller	e gve 12 was deceased even u.S. armed forces? (Yes of No) Yes
	Afro-American, Mexican, etc.)	URITY NUMBER	Trivation working	1世本 (*) (*) (*) (*) (*) (*) (*) (*) (*) (*)	KIND OF BUSINESS OR INDUST
	American 426-56-	1253	Upholstere	T I	Manufacturing
		rn Lake	(Specify	TBS OF NO.	and number of fural locat ulane Road
ENTS	17 FATHER-NAME First Middle	Last	18. MOTHER—NA		urane Kuau Middle Ma
ÖRMANT	W. D. Berthay Jeddie Roberts				
	19a' INFORMANT—NAME (Type or print).				er, City or town, State, ZIP code)
OSITION	Janie Berthay	6345 Tul.	ane Road I	lorn Lake, MS	
	20a: BURIAL CREMATION 20b: CEMETERY, CREMATORY—I REMOVAL (Spacify) MCNe.11	Share	ATION (City and State) main, MS	21a. EMBALMEH—sigi	ATORE AND NUMBER
	21b. FUNERAL HOME-NAME AND MISSISSIPPI J.D. NUMBER	21c MAILING	ADDRESS (Street and	number or route and box nu	mber, City or two, State, ZIP code
	United Funeral Service 73U	P.O.		w Albany, MS	
NOUNCEMENT	228 PERSON WHO PRONOUNCED DEATH—NAME AND TITU Jeffery Pounders Deso	E (Type or print)	226. PRON	QUNCED DEAD (Month, Day	(Year) 82c PRONOUNCED DEA
GFIER	23a, CERT/FIEH-NAME (Type or print)	Action of the Contract of the Contract of		7/1992	AT 11
işsippi State d.o. Heşiti . No. 511 sed 11 89	Jeffery Pounders	4942			per, City or lown, State, ZIP code)
	24a. To the best of my knowledge death constraints	12/2010 00000000000000000000000000000000			t. Ms. 38651
	This and manner as stated. section SIGNATURE:	άM			for investigation (in my opinion, de d manner as stelled.
	pleted by + 24b, DATE SIGNED (Month, Day, Year) 246, STATE physician	LICENSE NUMBER	pleted by 241 Till		10271802
	If NOT a.v.i		medical examiner ONLY	Désote ti	ŒĨ
	examiner 24d NAME OF ATTENDING PHYSICIAN IF OTHER (Type or Print)	THAN CERTIFIER	24g DA	TE SIGNED (Month, Day, Yea	
E OF DEATH	25. PART). IMMEDIATE CAUSE (Enter one cause only):			·7/20/199:	
Conditions, if any, which gave rise to immediate cause staining the winderlying cause last	CAUSED (a) Cancer Of Liver				Interval between on and death
	DUE TO/ OR AS A CONSEQUENCE OF (Enter of	loe cause only)			interval between on
	(a (b)				pand death
	DUE TO, OR AS A CONSEQUENCE OF (Enter-of	ne cause only):	in a		Interval between on
	(6) 26. PAHT II: OTHER SIGNIFICANT CONDITIONS	highwine to decivity	CARALIGNAL TO A VICE		선생님 지원 선생님이 있다는 것은 것은 것은 것이다.
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions co given in PART I	werearing to death but	cook mashing in the dr	(Yes (IT NOW MEDICAL EXAMINER?
	Use If 29a ACCIDENT SUICIDE, HOMICIDE, PENDING 29a death INVESTIGATION, OR UNDETERMINED	DATE OF INJURY 29	HOUR OF INJURY	NO. Ped. DESCRIBE HOW OR BY	(Yes of No) Yes
	NOT (Specify) due to		e symet		
	natural 296 INJURY AT WORK 291 PLACE OF INJURY (Specialists) (Yas or No.) Factory, Office building, at	ity Home, Farm, Stree	H, 29g LOCATION	Street or route number	City or town State
			[1] A. M. M.		

Olfon B Och, WW Alton B Cobb, M.D. STATE HEALTH OFFICER

July 30, 1992

WARNING: A REPRODUCTI SEAL OF THE A THIS DOCUMEN **EXHIBIT**

David Lohrisch STATE REGISTRAR NVALID: DO NOT ACCEPT UNLESS EMBOSSED IT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT

